

MERCER UNIVERSITY  
Environmental, Health & Safety Office (EHSO)  
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New Employee Orientation

Introduction

The EHSO is located on the Macon Campus in the Patterson Building. The office provides management assistance for a broad range of issues that include:

1. Occupational Health & Safety compliance guidelines for university operations.
2. Environmental Protection compliance guidelines for university operations.
3. Science laboratory support services for:
  - A. College of Liberal Arts
  - B. School of Engineering
  - C. School of Medicine
  - D. College of Pharmacy
  - E. College of Nursing
  - F. Regional Academic Centers
4. Managerial Services for two (2) Faculty Research Compliance Committees:
  - A. Institutional Radiation Safety Committee (IRSC)
  - B. Institutional Biosafety Committee (IBC)

Important Federal Regulations for all Employees

The Federal Occupational Safety & Health Administration (OSHA) provides regulations that guide employee safety practices in the workplace. OSHA regulations address many issues in a wide range of work environments, but there are two regulations that apply to all employees in the American workplace:

1. Hazard Communication Standard
2. Bloodborne Pathogens Standard

**Hazard Communications Standard (HCS):** The HCS is the foundation for chemical safety programs in the American workplace. This federal regulation established the requirement for all manufacturers who ship products with hazardous chemical components must include a **Material Safety Data Sheet (MSDS)**. In addition, the employers using the products are responsible for ensuring that all employees have immediate access to the MSDS's for the products utilized in that particular work environment.

*Mercer faculty, supervisors, and employees, who have the need for additional information about the OSHA Hazard Communication Standard, please contact the EHSO.*

**Bloodborne Pathogens Standard (BBPS):** The BBPS was enacted to provide protection for all American work environments that could bring employees in contact with human blood. This OSHA regulation considers human blood a hazardous material, when released in the form of an uncontrolled spill. The hazards potentially contained in human blood are: Hepatitis B virus, Hepatitis C virus, and virus that causes AIDS in humans, HIV. If your job duties could bring you in contact with human blood, you may qualify to be offered the Hepatitis B vaccination series, if you have not already completed the vaccination series.

*Mercer faculty, supervisors, and employees, who have the need for additional information about the OSHA Bloodborne Pathogens Standard, please contact the EHSO.*

Conclusion

Mercer faculty, supervisors, and employees should critically assess the operations of their department and evaluate all potential risks. The EHSO can provide management and operational assistance to interpret employee safety and environmental protection regulations to ensure a safe, healthy work environment for our Mercer community.

**MERCER UNIVERSITY**  
**Environmental, Health & Safety Office (EHSO)**

**NEW EMPLOYEE SURVEY**

Name: (please print) \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

1. Will you be working in a university science laboratory?  
Yes \_\_\_ No \_\_\_ IF YES, is the work: Academic \_\_\_ or Research \_\_\_ or both \_\_\_ ?
2. Will you be working in a health clinic with patients?  
Yes \_\_\_ No \_\_\_
3. Concerning your job duties as explained by your supervisor, will you have to work with or be exposed to potentially infectious materials from human subjects, microorganisms, or recombinant DNA in completing your assigned duties?  
Yes \_\_\_ No \_\_\_
4. Has a previous employer ever recommended or offered the hepatitis B vaccination series to you based upon your workplace risk for occupational exposure to bloodborne pathogens?  
Yes \_\_\_ No \_\_\_  
**If yes**, did you initiate, complete, or refuse the hepatitis B vaccination series?  
No \_\_\_ initiated \_\_\_ completed \_\_\_ refused \_\_\_ date \_\_\_/\_\_\_/\_\_\_  
**If no**, have you ever completed the hepatitis B vaccination series?  
No \_\_\_ initiated \_\_\_ completed \_\_\_ date \_\_\_/\_\_\_/\_\_\_
5. Have you attended a Bloodborne Pathogens Training Program within the last year?  
Yes \_\_\_ No \_\_\_

**Please sign and return this form to the Orientation representative:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Phone # ( if known )



**Fact Sheets (Program Highlights)**

**01/01/1993 - Hazard Communication Standard**

[← Fact Sheets \(Program Highlights\) - Table of Contents](#)

U.S. Department of Labor  
Program Highlights

Fact Sheet No. OSHA 93-26

**HAZARD COMMUNICATION STANDARD**

**SUMMARY**

Protection under OSHA's Hazard Communication Standard (HCS) includes all workers exposed to hazardous chemicals in all industrial sectors. This standard is based on a simple concept - that employees have both a need and a right to know the hazards and the identities of the chemicals they are exposed to when working. They also need to know what protective measures are available to prevent adverse effects from occurring.

**SCOPE OF COVERAGE**

More than 30 million workers are potentially exposed to one or more chemical hazards. There are an estimated 650,000 existing hazardous chemical products, and hundreds of new ones are being introduced annually. This poses a serious problem for exposed workers and their employers.

**BENEFITS**

The HCS covers both physical hazards (such as flammability or the potential for explosions), and health hazards (including both acute and chronic effects). By making information available to employers and employees about these hazards, and recommended precautions for safe use, proper implementation of the HCS will result in a reduction of illnesses and injuries caused by chemicals. Employers will have the information they need to design an appropriate protective program. Employees will be better able to participate in these programs effectively when they understand the hazards involved, and to take steps to protect themselves. Together, these employer and employee actions will prevent the occurrence of adverse effects caused by the use of chemicals in the workplace.

**REQUIREMENTS**

The HCS established uniform requirements to make sure that the hazards of all chemicals imported into, produced, or used in U.S. workplaces are evaluated and that this hazard information is transmitted to affected employers and exposed employees.

Chemical manufacturers and importers must convey the hazard information they learn from their evaluations to downstream employers by means of labels on containers and material safety data sheets (MSDS's). In addition, all covered employers must have a hazard communication program to get this information to their employees through labels on containers, MSDS's, and training.

This program ensures that all employers receive the information they need to inform and train their employees properly and to design and put in place employee protection programs. It also provides necessary hazard information to employees so they can participate in, and support, the protective measures in place at their workplaces.

All employers in addition to those in manufacturing and importing are responsible for informing and training workers about the hazards in their workplaces, retaining warning labels, and making available MSDS's with hazardous chemicals.

Some employees deal with chemicals in sealed containers under normal conditions of use (such as in the retail trades, warehousing and truck and marine cargo handling). Employers of these employees must assure that labels affixed to incoming containers of hazardous chemicals are kept in place. They must maintain and provide access to MSDS's received, or obtain MSDS's if requested by an employee. And they must train workers on what to do in the event of a spill or leak. However, written hazard communication programs will not be required for this type of operation.

All workplaces where employees are exposed to hazardous chemicals must have a written plan which describes how the standard will be implemented in that facility. The only work operations which do not have to comply with the written plan requirements are laboratories and work operations where employees only handle chemicals in sealed containers.

The written program must reflect what employees are doing in a particular workplace. For example, the written plan must list the chemicals present at the site, indicate who is responsible for the various aspects of the program in that facility and where written materials will be made available to employees.

The written program must describe how the requirements for labels and other forms of warning, material safety data sheets, and employee information and training are going to be met in the facility.

## **EFFECT ON STATE RIGHT-TO-KNOW LAWS**

The HCS pre-empts all state (in states without OSHA-approved job safety and health programs) or local laws which relate to an issue covered by HCS without regard to whether the state law would conflict with, complement, or supplement the federal standard, and without regard to whether the state law appears to be "at least as effective as" the federal standard.

The only state worker right-to-know laws authorized would be those established in states and jurisdictions that have OSHA-approved state programs.

These states and jurisdictions include: Alaska, Arizona, California, Connecticut (state and municipal employees only), Hawaii, Indiana, Iowa, Kentucky, Maryland, Michigan, Minnesota, Nevada, New Mexico, New York (state and municipal employees only), North Carolina, Oregon, Puerto Rico, South Carolina, Tennessee, Utah, Vermont, Virgin Islands, Virginia, Washington, and Wyoming.

## **FEDERAL WORKERS**

Under the hazard communication standard federal workers are covered by executive order.

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This is one of a series of fact sheets highlighting U.S. Department of Labor programs. It is intended as a general description only and does not carry the force of legal opinion. This information will be made available to sensory impaired individuals upon request. Voice phone: (202) 219-8151. TDD message referral phone: 1-800-326-2577.

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## **Revision to OSHA's Bloodborne Pathogens Standard Technical Background and Summary**

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April 2001

### **Background**

The Occupational Safety and Health Administration published the Occupational Exposure to Bloodborne Pathogens standard in 1991 because of a significant health risk associated with exposure to viruses and other microorganisms that cause bloodborne diseases. Of primary concern are the human immunodeficiency virus (HIV) and the hepatitis B and hepatitis C viruses.

The standard sets forth requirements for employers with workers exposed to blood or other potentially infectious materials. In order to reduce or eliminate the hazards of occupational exposure, an employer must implement an exposure control plan for the worksite with details on employee protection measures. The plan must also describe how an employer will use a combination of engineering and work practice controls, ensure the use of personal protective clothing and equipment, provide training, medical surveillance, hepatitis B vaccinations, and signs and labels, among other provisions. Engineering controls are the primary means of eliminating or minimizing employee exposure and include the use of safer medical devices, such as needleless devices, shielded needle devices, and plastic capillary tubes.

Nearly 10 years have passed since the bloodborne pathogens standard was published. Since then, many different medical devices have been developed to reduce the risk of needlesticks and other sharps injuries. These devices replace sharps with non-needle devices or incorporate safety features designed to reduce injury. Despite these advances in technology, needlesticks and other sharps injuries continue to be of concern due to the high frequency of their occurrence and the severity of the health effects.

The Centers for Disease Control and Prevention estimate that healthcare workers sustain nearly 600,000 percutaneous injuries annually involving

contaminated sharps. In response to both the continued concern over such exposures and the technological developments which can increase employee protection, Congress passed the **Needlestick Safety and Prevention Act** directing OSHA to revise the bloodborne pathogens standard to establish in greater detail requirements that employers identify and make use of effective and safer medical devices. That revision was published on Jan. 18, 2001, and became effective April 18, 2001.

### **Summary**

The revision to OSHA's bloodborne pathogens standard added new requirements for employers, including additions to the exposure control plan and keeping a sharps injury log. It does not impose new requirements for employers to protect workers from sharps injuries; the original standard already required employers to adopt engineering and work practice controls that would eliminate or minimize employee exposure from hazards associated with bloodborne pathogens.

The revision does, however, specify in greater detail the engineering controls, such as safer medical devices, which must be used to reduce or eliminate worker exposure.

### **Exposure Control Plan**

The revision includes new requirements regarding the employer's Exposure Control Plan, including an annual review and update to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens. The employer must:

- take into account innovations in medical procedure and technological developments that reduce the risk of exposure (e.g., newly available medical devices designed to reduce needlesticks); and
- document consideration and use of appropriate, commercially-available, and effective safer devices (e.g., describe the devices identified as candidates for use, the method(s) used to evaluate those devices, and justification for the eventual selection).

No one medical device is considered appropriate or effective for all circumstances. Employers must select devices that, based on reasonable judgment:

- will not jeopardize patient or employee safety or be medically inadvisable; and

- will make an exposure incident involving a contaminated sharp less likely to occur.

### **Employee Input**

Employers must solicit input from non-managerial employees responsible for direct patient care regarding the identification, evaluation, and selection of effective engineering controls, including safer medical devices. Employees selected should represent the range of exposure situations encountered in the workplace, such as those in geriatric, pediatric, or nuclear medicine, and others involved in direct care of patients.

OSHA will check for compliance with this provision during inspections by questioning a representative number of employees to determine if and how their input was requested.

### **Documentation of employee input**

Employers are required to document, in the Exposure Control Plan, how they received input from employees. This obligation can be met by:

- Listing the employees involved and describing the process by which input was requested; or
- Presenting other documentation, including references to the minutes of meetings, copies of documents used to request employee participation, or records of responses received from employees.

### **Recordkeeping**

Employers who have employees who are occupationally exposed to blood or other potentially infectious materials, and who are required to maintain a log of occupational injuries and illnesses under existing recordkeeping rules, must also maintain a sharps injury log. That log will be maintained in a manner that protects the privacy of employees. At a minimum, the log will contain the following:

- the type and brand of device involved in the incident;
- location of the incident (e.g., department or work area); and
- description of the incident

The sharps injury log may include additional information as long as an employee's privacy is protected. The format of the log can be determined by the employer.

### **Modification of Definitions**

The revision to the bloodborne pathogens standard includes modification of definitions relating to engineering controls. Two terms have been added to the standard, while the description of an existing term has been amended.

### **Engineering Controls**

Engineering Controls include all control measures that isolate or remove a hazard from the workplace, such as sharps disposal containers and self-sheathing needles. The original bloodborne pathogens standard was not specific regarding the applicability of various engineering controls (other than the above examples) in the healthcare setting. The revision now specifies that "safer medical devices, such as sharps with engineered sharps injury protections and needleless systems" constitute an effective engineering control, and must be used where feasible.

### **Sharps with Engineered Sharps Injury Protections**

This is a new term which includes nonneedle sharps or needle devices containing built-in safety features that are used for collecting fluids or administering medications or other fluids, or other procedures involving the risk of sharps injury. This description covers a broad array of devices, including:

- syringes with a sliding sheath that shields the attached needle after use;
- needles that retract into a syringe after use;
- shielded or retracting catheters
- intravenous medication (IV) delivery systems that use a catheter port with a needle housed in a protective covering.

### **Needleless Systems**

This is a new term defined as devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps. Examples include:

- IV medication systems which administer medication or fluids through a catheter port using non-needle connections; and
  - jet injection systems which deliver liquid medication beneath the skin or through a muscle.
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